

IN RE: **Randy Lynn Weddle**
Misty Dawn WeddleCase No. **09-40316**
(if known)**AMENDED 7/8/2009****SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)**

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor's family at time case filed. Prorate any payments made bi-weekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form 22A or 22C.

☐ Check this box if a joint petition is filed and debtor's spouse maintains a separate household. Complete a separate schedule of expenditures labeled "Spouse."

1. Rent or home mortgage payment (include lot rented for mobile home)	\$1,034.22
a. Are real estate taxes included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
b. Is property insurance included? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Utilities: a. Electricity and heating fuel	\$250.00
b. Water and sewer	
c. Telephone	\$190.00
d. Other: Cable TV	\$60.00
3. Home maintenance (repairs and upkeep)	\$50.00
4. Food	\$600.00
5. Clothing	\$50.00
6. Laundry and dry cleaning	\$50.00
7. Medical and dental expenses	
8. Transportation (not including car payments)	\$250.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$28.00
10. Charitable contributions	
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner's or renter's	\$80.00
b. Life	
c. Health	
d. Auto	\$100.00
e. Other:	
12. Taxes (not deducted from wages or included in home mortgage payments) Specify:	
13. Installment payments: (In chapter 11, 12, and 13 cases, do not list payments to be included in the plan)	
a. Auto:	
b. Other: Second Mortgage	\$268.00
c. Other:	
d. Other:	
14. Alimony, maintenance, and support paid to others:	
15. Payments for support of add'l dependents not living at your home:	
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	
17.a. Other: Health & Beauty	\$15.00
17.b. Other:	
18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)	\$3,025.22
19. Describe any increase or decrease in expenditures reasonably anticipated to occur within the year following the filing of this document: None.	
20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$3,826.00
b. Average monthly expenses from Line 18 above	\$3,025.22
c. Monthly net income (a. minus b.)	\$800.78